## PART B -FEE(S) TRANSMITTAL

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

(TURNING OURSENSON INVER ARSPESS (New 1-16 Block 1, for micrours) and the property of th

45372 MARSHALL, GERSTI 233 S. Wacker Drive 6300 Willis Tower Chicago, Illinois 60600						
APPLICATION NO.	FILING DATE	FIRST NAM		1ED INVENTOR	ATTORNEY DOCKET	NO. CONFIRMATION NO.
10/574,824	08/10/2007	Te		e L. Blevins	06005/41114	3681
TITLE OF INVENTION	N: Process Plant Use	er Interface Sys	tem Having	Customized Process Graphi	ic Display Layers in an Inte	grated Environment
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	no	\$1,740.00		\$300.00	\$2,046.00	01/11/2012
EXAM	EXAMINER		NIT	CLASS-SUBCLASS	]	
G. A. D.	istefano	217	5	715-771	_	
Correspondence "Fee Address" in form PTO/SB/4" Use of a Custon 3. ASSIGNEE NAME / PLEASE NOTE: Unit for recordation as set	respondence address (or Address form PTO/SB/1 adication (or "Fee Addres 7; Rev 03-02 or more reco ner Number is required. AND RESIDENCE DAT. ess an assignee is identifite forth in 37 CFR 3.11. Cor	22) attached. s" Indication ent) attached. A TO BE PRIN ed below, no as	(1) the names of up to 3 registered patent 1 actioneys or segment (2) the name of a single firm (having as a member 2 a registered patent attorneys or agent and the names of up to 2 registered patent attorneys or agents. If no anne is filted, no name will be printed or the name is filted, no name will be printed or the name is filted, no name will be printed or the name is filted, no state with printed or the name is filted is form is NOTE a substitute for filling an assignment.			
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  FISHER-ROSEMOUNT SYSTEMS, INC.  Austin, Texas  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual X Corporation or other private group entity  Government						
4a. The following fee(s)  X Issue Fee  X Publication Fee  X Advance Order	(No small entity discount	permitted)	X Payn X The l	Payment of Fee(s): eck in the amount of the feet ment by credit card. Director is hereby authorized sit Account Number		(s), or credit any overpayment, to
a. Applicant clai		tus. See 37 CFF	blication Fee	(if any) or to re-apply any pre	eviously paid issue fee to the	Y status. See 37 CFR 1.27(g)(2). application identified above. gent; or the assignee or other party is
interest as shown by the rec						g g. we at outer party a
Authorized Signatur	re	Jeremy D. Pr	otas, #61,6	81/	Date	January 10, 2012
Typed or printed na	me	Jeremy D. Protas			Registration No.	61,681